

**DEPARTMENT OF TRANSPORTATION**

CIVIL RIGHTS
 1823 14th Street – MS-79
 SACRAMENTO, CALIFORNIA 95814
 (916) 324-8386
 FAX (916) 324-8435

**CALTRANS MENTOR/PROTÉGÉ PROGRAM****PROTÉGÉ APPLICATION**

Please Print

Legal Name:		d.b.a. (if different)	Federal Tax I.D. or Social Security No:
Business Address:		Mailing Address (if different):	Construction Contractors or Landscape Board License Number:
Certification Number:	Certification Status: (check all that apply) SBE _____ DBE _____ OTHER _____ DVBE _____ * Must be DBE Certified *	Owner Name and Title:	
SIC Code			
Legal Structure of Business: <i>(check one)</i> <div style="display: flex; justify-content: space-around;"> <div> Corporation: _____ Partnership: _____ </div> <div> Sole Proprietorship: _____ Other (Specify) _____ </div> <div> Limited Liability: _____ </div> </div>			
Do you have a business plan? <i>(check one)</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	Business Phone: _____ Fax Number: _____ 24-Hour Message Phone: _____ E-mail Address: _____	Signature certifies that information supplied on all corresponding pages and attachments are accurate. <div style="display: flex; justify-content: space-between;"> Signature Date </div>	

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Identify all Owners/Shareholders with more than 20% ownership:											
NAME			% OWNERSHIP		NAME			% OWNERSHIP			
Business Established:					Specialty:						
Number of full-time employees:											
Number of current part-time employees:											
Name of Insurance Company					Bonding Company						
Agent		Phone Number			Agent		Phone Number				
\$ Amount		Type of Coverage			\$ Single		\$ Aggregate				
<ul style="list-style-type: none"> Please list major customers or projects of the business for the last two years (list most recent first). list previous business references: 					If new business,		<ul style="list-style-type: none"> Indicate your role: (P) Prime Contractor; (JV) Joint Venture; (SUB) Subcontractor 				
Customer		Telephone	Contact Person		Type of Project		Role			Contract Amount	Year
							P	JV	SUB	\$	
										\$	
										\$	
										\$	

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◆ Please provide the annual gross receipts for up to the last 3 years.

	Fiscal Year		Annual Gross Revenue
			\$
			\$
			\$

Check the Categories Where You Need Assistance:

<input type="checkbox"/> Business Plan	<input type="checkbox"/> Obtaining Permits & Sub-Contracts	<input type="checkbox"/> Bonding & Insurance
<input type="checkbox"/> Implementation and Action Plans	<input type="checkbox"/> Preparing & Negotiating Change Orders, Job Budgets, Trade Payment Breakdowns	<input type="checkbox"/> Banking Services
<input type="checkbox"/> Organization Structure	<input type="checkbox"/> Prompt Payment Procedures	<input type="checkbox"/> Job Cost & Work in Progress
<input type="checkbox"/> Market Analysis	<input type="checkbox"/> Records & Contract Management	<input type="checkbox"/> Payrolls (federal, state fringe benefits)
<input type="checkbox"/> Operations' Assessment	<input type="checkbox"/> Troubleshooting and Delay Avoidance	<input type="checkbox"/> Competitive Marketplace Overhead
<input type="checkbox"/> Reading & Interpreting Contract Plans & Specifications	<input type="checkbox"/> Personnel Management	<input type="checkbox"/> Analysis of major fixed & variable cost components
<input type="checkbox"/> Scheduling & Purchasing	<input type="checkbox"/> Project Planning & Scheduling	<input type="checkbox"/> Post Award Bid Assessment of Successful & Unsuccessful Bidders
<input type="checkbox"/> Construction Equipment & Materials	<input type="checkbox"/> Accounting Records Preparation & Maintenance	<input type="checkbox"/> Quality Take-offs and Estimating
<input type="checkbox"/>	<input type="checkbox"/> Cost Accounting	<input type="checkbox"/>

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1. State Why You Want to Participate in the Mentor/Protégé Program (Attach additional sheet (s) if necessary)

2. What benefits do you want to obtain?

3. What business specialties do you want to learn or enhance?

4. What percentage of your contracting is in government _____% Private _____%? Identify government entity, (City, County, State, Federal, Airports, Mass Transportation, etc.)

RETURN COMPLETED APPLICATIONS TO:

FOR QUESTIONS CONTACT:

Richard Novoa, Mentor/Protégé Program Administrator
1823 14th Street - MS 79
Sacramento, California 95814
(916) 324-8386 or Email : Richard_Novoa@dot.ca.gov.
Website: www.dot.ca.gov/hq/bep

PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.) notice is hereby given for the request of personal information by this form. The requested information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6 Section 1798.24 of the IP of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct inquires on information maintenance to your IPA Officer.